



TYNE AND WEAR FIRE AND RESCUE AUTHORITY

Item No: 7

HUMAN RESOURCES COMMITTEE: 13 JULY 2015

SUBJECT: OCCUPATIONAL HEALTH UNIT - ANNUAL REPORT 2015

JOINT REPORT OF THE CHIEF FIRE OFFICER AND THE PERSONNEL ADVISOR

1. INTRODUCTION

1.1 The purpose of this report is to provide a summary of the services provided by the Occupational Health Unit (OHU) and its staff over the period 1 April 2014 to 31 March 2015.

2 BACKGROUND

2.1 The role of Occupational Health has evolved dramatically over the past three decades, and has continued to develop and adjust to the challenges of the economic climate. It is becoming increasingly evident that the face of Occupational Health is changing, with the emphasis on prevention of work related ill health along with the wider agenda of wellbeing both physical and mental. The OHU is now established as nurse led with the nurses being the first point of contact for all clients. The vast majority of client issues are resolved at this point with only certain cases being referred for Service Medical Advisor (SMA) opinion.

2.2 The revised arrangement with Sunderland City Council for the provision of the SMA is commencing its third year and the arrangement continues to be very successful. It brings a high standard of professionalism, occupation health qualifications and expertise to the OHU. The provision of this in house expertise continues to enables savings to be generated in areas where previously external expertise had to be purchased at additional cost.

2.3 The OHU is also moving towards the Faculty of Occupational Medicine, Occupational Health Accreditation. The aim of the standard is to support the achievement of safe, appropriate and effective quality occupational health services in the UK. Accreditation is based on six domains consisting of forty nine standards to be met. Accreditation is an annual programme of on-going quality improvement and maintenance.



3 SERVICES AND ACTIVITIES PROVIDED BY THE OHU

3.1 Health Surveillance

Health Surveillance remains a major priority for the OHU. Risk assessment identifies those employees that have a hazardous role requiring pro-active surveillance which achieves two outcomes, to detect early signs of occupational ill health and to determine fitness for role. This is of particular importance where the physical demands of operational fire fighters are concerned.

3.2 Health Surveillance programmes are undertaken for specific at risk categories as follows:

3.2.1 Operational personnel are screened three yearly to the age of 50, then annually thereafter, with the emphasis on fitness for fire fighting. This includes aerobic fitness assessment, blood pressure, lung function, and visual acuity. This year saw the SMA, acting as an HSE Appointed Doctor, delegating the health surveillance under the Control of Asbestos Regulations to the nurses in response to the outcome of discussions between CFOA and the HSE regarding the Control of Asbestos Regulations and their application to Fire-fighters.

3.2.2 Health screening is offered to corporate personnel with an emphasis on health promotion. The level of fitness required by corporate staff is not as high as that for operational firefighters. However, the benefits of improved health and fitness are obvious to all and therefore the OHU continues to encourage all employees to undertake voluntary health screening.

3.2.3 Hand / arm vibration screening is undertaken for those working with vibrating or compressed air tools. Annual nurse based screening carried out with onward referral for objective testing for positive findings.

3.2.4 Compartment fire training instructors (BTC) and Merchant Navy Fire Training Centre are screened on a six monthly basis for the effects of repeated exposure to hot and humid conditions including the use of a monthly symptoms questionnaire.

3.2.5 Pre-employment health assessment is undertaken to ensure that job applicants are fit to meet the performance requirements of the role in the environment of the workplace.

3.2.6 Aids to Vision screening takes place either at medical or on request, with a three yearly recall and retest. The scheme extends to operational personnel, vehicle and other technicians where reasonable adjustment can be made to support continued employment in the cases of deteriorating vision.

3.3 The outcomes of the health surveillance process are utilised to better inform individuals about their lifestyle, to advise individuals with regard to their general fitness level and to

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take any necessary preventative action with the ultimate aim of ensuring employees remain fit for duty.

3.4 Clinics

3.4.1 The SMA conducts clinics on one day per week. Appointments are all initially managed by the nursing staff then escalated to the SMA as required. The appointments fall in to the following categories:

- ❑ Large Goods Vehicles – on request and scheduled
- ❑ Sickness absence assessment
- ❑ Ill health assessment
- ❑ Referrals
- ❑ Staff pre-employment (Operational)
- ❑ Assisted Medical Support Scheme

3.4.2 In total 102 initial assessments and reviews were undertaken by the SMA this year.

3.5 Pre-Employment Health Screening

3.5.1 The OHU continues to screen all new employees, prior to appointment which includes a substance abuse test. As well as confirming suitability for employment and establishing a base line for health, this provides an opportunity for employees to meet the OHU staff and promote the facilities available to individuals. There were forty new Emergency Fire Crew screened and appointed this year. The figures reflect the fact that there has been a recruitment freeze for the greater proportion of the year.

3.6 Wellbeing Promotion

3.6.1 The establishment of the voluntary Health Champions in all areas of the service has greatly improved the delivery of health promotion activities since their introduction for the Bronze Better Health at Work Award in 2010. This single point of contact at each location provides an effective channel to deliver wellbeing information across the service.

3.6.2 Health promotion undertaken this year includes:

- ❑ The use of poster and leaflet displays across the service high-lighting Breast Cancer and Prostate Cancer.
- ❑ Wellbeing Promotion also includes Intranet Health Advice.
- ❑ The number of smoking cessation clients this year was zero. It was always envisaged that the numbers would decline as those who were serious about stopping smoking took advantage of the service on offer in its early days.
- ❑ Also this year the service signed up to the MIND Blue Light Programme as well as the Mental Health Challenge. Councillor Stockdale was the nominated by the Authority as the Mental Health Champion, a first for any FRA in England.



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- The Challenge is designed so that Authorities understand the impact mental health issues can have on their own and other organisations, leading to strategic support to overcome these.
- Stress Management sessions are delivered jointly by the Welfare Officer and FBU. This year the programme has commenced its sixth phase and is specifically aimed at the Mental Health of staff.

3.7 Vaccination

- 3.7.1 Certain vaccinations are recommended for fire fighters and these have been administered by the individuals GP over the years. However guidance for GPs from the General Practitioner Committee now makes it clear that the responsibility lies with the employer. The programme is now well established.

3.8 Physiotherapy

- 3.8.1 The OHU continues to refer personnel with musculo skeletal problems for either assessment or assessment and treatment. Such assessments and treatment generally ensure individuals can continue to work with physiotherapy support, and prevent conditions worsening. A total number of 61 referrals were made to physiotherapy this year, the majority of which were musculo skeletal in nature. These interventions have resulted in an earlier return to work than would have normally been anticipated.

3.9 Accelerated Medical Scheme

- 3.9.1 The Authority has in place a scheme to provide early access for staff to medical specialists in order to gain an immediate assessment of a medical problem. The scheme also enables an early diagnosis and plan for appropriate treatment(s) with a view to reducing sickness absence and providing robust evidence regarding the application of ill health retirement. Combine this with access to the Firefighter's charity facility at Jubilee House in Penrith and the service utilises a substantial opportunity to support the health of the workforce.
- 3.9.2 The Equality Act 2010 now encompasses Disability Discrimination and associated Reasonable Adjustment. It is widely accepted that the definition of disability is more inclusive perhaps resulting in an increase in reasonable adjustments within the service. The OHU hold a budget to affect those changes that are deemed appropriate following necessary advice.
- 3.9.3 It has again been a largely unremarkable year for reasonable adjustments. Adjustments made included:
- Fifty two employees were prescribed altered duties / phased return to work following ill-health.
 - Two specialist chairs



- Three minor workstation adjustments

3.9.4 The OHU carry a stock of workstation equipment provided under Display Screen Equipment regulations in order to make adjustments.

3.9.5 The OHU work with Access to Work part of Job Centre Plus, for advice and recommendation in certain cases. The scheme seeks to provide the expertise to an individual's health issue in order to support the individual in the workplace. The scheme also provides some funding towards the more expensive reasonable adjustments. In keeping with best practice the OHU undertake an annual review of individuals' reasonable adjustments.

3.10 Aids to Vision

3.10.1 The OHU advises on the use of eye protection with optical prescription for personnel whose vision falls below acceptable standards and who also require the use of eye protection for certain roles and tasks.

3.10.2 The Aids to Vision scheme was created following research into fire fighter vision. It allows for the provision of optically correct safety eye wear for those personnel whose vision falls below the required standard.

3.10.3 Initial reports indicated an uptake of approximately 12%. It is interesting to note however that the figure still sits at approximately 18% use. This is possibly as a result of the increased age profile of the service. It is perhaps no surprise that the numbers of optically correct safety spectacle wearers has increased when you consider that the requirement for optical correction due to age begins to be a reality as we progress in to our forties.

3.11 Aerobic Capacity Testing

3.11.1 Monitoring of Aerobic fitness on station six monthly has now been in place for four years. Aerobic fitness underpins a firefighter's efficiency and safety on the incident ground. Previously testing was undertaken three yearly at health screening. This six monthly testing provides an earlier warning of declining fitness whilst also serving as a prompt to maintain exercise as part of your lifestyle. Indeed this has enabled staff to take pro-active action with, albeit a small number of personnel thereby preventing potential ill health in the future.

3.11.2 At the end of the reporting year CFOA released details of Physical Fitness Management. This followed on from the previous work on fitness standards where the researched standard for aerobic capacity was reduced from 45 to 42 mls/o₂/kg. The new work provides a framework for managing varying fitness levels based on the likelihood of having the required level of fitness to perform the necessary operational duties. For the first time a standard for duty officers is described.



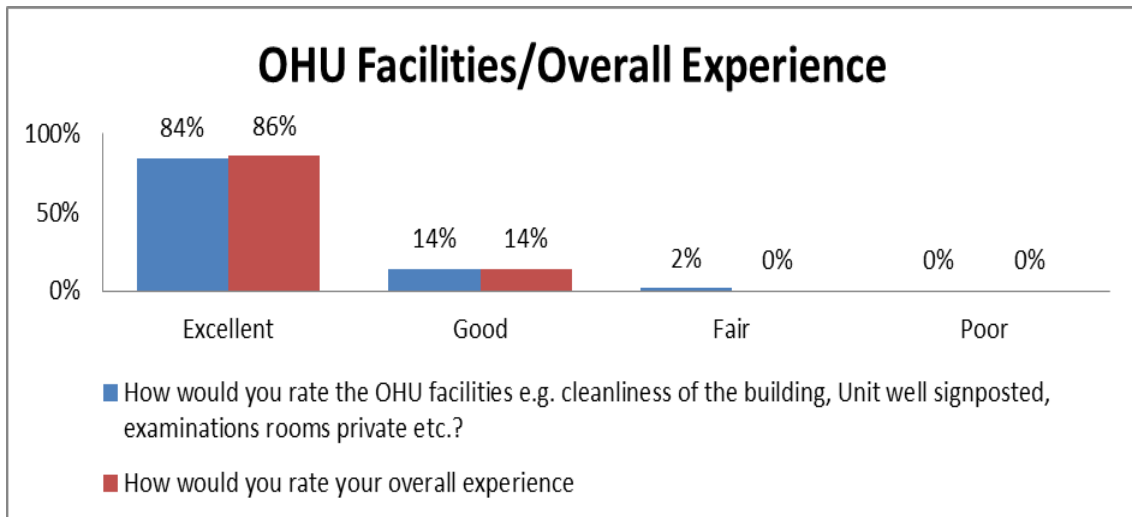
3.11.3 At the time of report the new format was being written in to existing policy.

3.12 Training

3.12.1 Occupational Health staff undertook a variety of training and revalidation during the year, including a variety of procedural training, ICT skills training and attendance at related health conferences. This training continues to help develop a highly skilled team that can provide an effective and professional service.

3.13 Client Satisfaction Survey

3.13.1 The OHU undertook a client satisfaction survey during the year. One hundred questionnaires were issued to staff following an appointment at the OHU. The following charts represent the results of the questionnaire. It is pleasing to note the positive overall response.





3.14 Further areas of practice

3.14.1 This report represents the core aspects of the OHU’s scope of practice however the OHU’s staff were also involved in a number of other functions throughout the year, these included:

3.14.2 **Provision of Occupational Health Services to Northumberland Fire & Rescue Service (NFRS)** – The OHU continues to provide a full remit of Occupational Health activities to NFRS including attendance management, immunisation, a monthly health promotion bulletin, Health and Safety presentations, Retained induction presentations and health surveillance. 146 health surveillances were completed this year.

3.14.3 **North East Occupational Health Nurses Group** - The group is a local forum for Occupational Health Nurses in which to network and provide support. It is also an



inexpensive source of update training. The OHU hosted an evening meeting and presentation this year at SHQ.

3.14.4 **Employee Advisory Group on Disability** - The group was founded to provide a forum for disability issues within the service. Two members of the Occupational Health team belong to this group.

3.14.5 **Clinical Records Audit** - To support the objective of gaining Society of Occupational Medicines accreditation the OHU now carry out a regular clinical audit on our Records system in order to quality assure the entries and comply with the Nursing and Midwifery Councils and British Association of Psychotherapy standards for record keeping.

3.15 **Retirements**

3.15.1 Members will recall that the Authority has effective processes in place to manage ill-health retirement. This proactive approach has led to some of the lowest levels of ill-health retirement per employee across the UK Fire and Rescue Service. 2014/15 continued this pattern of low rates of ill-health retirement with only 1 employee leaving through this method.

4 **CONCLUSIONS**

4.1 The potential for future development of the OHU remains and the Authority's commitment to a proactive approach to employee health continues to reduce the cost of absence and support employees in the workplace. The OHU strap line of "Your Health Matters" continues to reaffirms the Authority's commitment to investing in the organisation's most valuable asset, the health and wellbeing of its employees.

5 **RECOMMENDATIONS**

5.1 Members are recommended to:

- a) Note the contents of this report;
- b) Receive further reports as appropriate.

BACKGROUND PAPERS

The undermentioned Background Papers refer to the subject matter of the above report:

- Fire and Rescue Authority Health and Safety Manual
- Occupational Health OHU Service Level Agreement